

**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 217318US0DIV

First Inventor or Application Identifier Hiroshi KAWAKIRI

Title SULFONAMIDE COMPOUNDS AND PHARMACEUTICAL USE THEREOF

Assignee Name: FUJISAWA PHARMACEUTICAL CO., LTD.

Assignee Address: 4-7, DOSHOMACHI 3-CHOME, CHUO-KU
OSAKA-SHI, OSAKA 5418514, JAPAN

1046 U.S. PTO
10/047093
01/17/02

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents

ADDRESS TO: Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

1. ☒ Fee Transmittal Form (e.g. PTO/SB/17)
(Submit an original and a duplicate for fee processing)
2. ☒ Specification Total Sheets
3. ☐ Drawing(s) (35 U.S.C. 113) Total Sheets
4. ☒ Oath or Declaration Total Pages
a. ☐ Newly executed (original or copy)
b. ☒ Copy from a prior application (37 C.F.R. §1.63(d))
(for continuation/divisional with box 17 completed)
i. ☐ DELETION OF INVENTOR(S)
Signed statement attached deleting inventor(s) named in
the prior application, see 37 C.F.R. §1.63(d)(2) and
1.33(b).
5. ☐ CD-ROM or CD-R in duplicate, large table or Computer
Program (Appendix)
6. ☐ Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)
a. ☐ Computer Readable Form (CRF)
b. Specification or Sequence Listing on :
i. ☐ CD-ROM or CD-R (2 copies); or
ii. ☐ Paper
c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

7. ☐ Assignment Papers (cover sheet & document(s))
8. ☒ Application Data Sheet. See 37 CFR 1.76
9. ☐ 37 C.F.R. §3.73(b) Statement (when there is an assignee) ☐ Power of Attorney
10. ☐ English Translation Document (if applicable)
11. ☒ Information Disclosure Statement (IDS)/PTO-1449 ☒ Copies of IDS Citations
12. ☒ Preliminary Amendment
13. ☒ White Advance Serial No. Postcard
14. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)
15. ☐ Applicant claims small entity status.
See 37 CFR 1.27
16. ☒ Other: International Search Reports (2)
Request for Priority - PCT/IB/304

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below:

☐ Continuation ☒ Divisional ☐ Continuation-in-part (CIP) of prior application no.: 09/446,110
Prior application information: Examiner: B. DENTZ Group Art Unit: 1625

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18. Amend the specification by inserting before the first line the sentence:

- ☐ This application is a ☐ Continuation ☒ Division ☐ Continuation-in-part (CIP)
of application Serial No. 09/446,110 Filed on February 14, 2000.
☐ Which was published in English
☐ Which was not published in English
☐ This application claims priority of provisional application Serial No. Filed

19. CORRESPONDENCE ADDRESS



22850
(703) 413-3000
FACSIMILE: (703) 413-2220

Name:	Norman F. Oblon	Registration No.:	24,618
Signature:	Thomas Cunningham	Date:	1-17-02
Name:	Thomas M. Cunningham	Registration No.:	45,394

Docket No. 217318US0DIV

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR(S) Hiroshi KAYAKIRI, et al.

SERIAL NO: New Application

FILING DATE: Herewith

FOR: SULFONAMIDE COMPOUNDS AND PHARMACEUTICAL USE THEREOF

FEE TRANSMITTAL

ASSISTANT COMMISSIONER FOR PATENTS
WASHINGTON, D.C. 20231

FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATIONS
TOTAL CLAIMS	14 - 20 =	0	× \$18 =	\$0.00
INDEPENDENT CLAIMS	2 - 3 =	0	× \$84 =	\$0.00
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS (If applicable)			+ \$280 =	\$0.00
<input type="checkbox"/> LATE FILING OF DECLARATION			+ \$130 =	\$0.00
BASIC FEE				\$740.00
TOTAL OF ABOVE CALCULATIONS				\$740.00
<input type="checkbox"/> REDUCTION BY 50% FOR FILING BY SMALL ENTITY				\$0.00
<input type="checkbox"/> FILING IN NON-ENGLISH LANGUAGE			+ \$130 =	\$0.00
<input type="checkbox"/> RECORDATION OF ASSIGNMENT			+ \$40 =	\$0.00
TOTAL				\$740.00

- ☐ Please charge Deposit Account No. 15-0030 in the amount of \$0.00 A duplicate copy of this sheet is enclosed.
- ☒ A check in the amount of \$740.00 to cover the filing fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check is enclosed herewith, or credit any overpayment to Deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.

Respectfully Submitted,

OBLON, SPIVAK, McCLELLAND,
MAIER & NEUSTADT, P.C.

Thomas Cunningham
Norman F. Oblon

Registration No. 24,618

Thomas M. Cunningham

Registration No. 45,394



22850

Tel. (703) 413-3000
Fax. (703) 413-2220
(OSMMN 10/01)